

**Initial Certification – Communications Equipment Vendor**

LIC CV 1 (Rev 05/07)

**Producer Licensing Bureau**

320 Capitol Mall

Sacramento, CA 95814

(916) 492-3069

[www.insurance.ca.gov](http://www.insurance.ca.gov)

**INITIAL CERTIFICATION**

To California Insurance Commissioner

Pursuant to CIC Section 1758.63 (a)(3)

I, \_\_\_\_\_ as an officer or owner of

Print Name

\_\_\_\_\_, hereby certify under penalty of perjury under the laws of the State of California that the following are true and correct:

1. The number of employees qualified as of this date to offer insurance products under the authority of the communications equipment agent license is \_\_\_\_\_
2. No person other than an authorized employee sells or offers insurance on its behalf.
3. All authorized employees have completed the training required pursuant to CIC Section 1758.63(b).

Applicant's Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_